

FEB 23 1940

V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8056

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community life years, months or days)

3. (a) PRINT FULL NAME 424 Blackwell, Infant Boy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 8 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 14 hr. min.

9. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business _____

12. Name Henry Blackwell

13. Birthplace Unk. Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Johnson

15. Birthplace Unk. Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Blackwell

(b) Address 106 Albert Ave

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 2 23 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. C. Lewis

(b) Address Webster Groves

19. (a) FEB 23 1940 (b) M. R. Meyer (c) M. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 106 Albert
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1940 hour 10 minute :00P. M.

21. I hereby certify that I attended the deceased from 2-8-40
19____, to 2-22-40, 19____

that I last saw him alive on 2-22-40, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Premature New Born (7 mo.) 7 mo.

Due to _____

Due to 159

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Maurice S. Murphy (M. D. or other) M.D.

Address St. Louis County Hospital Date signed 2/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER -

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
.....
Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.